

Craigarran Limited

Craigarran Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 7 September 2017 and was unannounced. This meant the staff and the provider did not know we would be visiting. This was the first inspection for this service.

Craigarran Care Home is a care home with nursing registered with CQC to provide care for up to 44 people. On the day of our inspection there were 41 people using the service. Facilities included en-suite bedrooms, several lounges, a dining room, communal bathrooms, shower rooms and toilets, a hairdressing room, a communal garden and a large, spacious reception area.

The home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service and their relatives were complimentary about the standard of care at Craigarran Care Home. We saw staff supporting and helping to maintain people's independence. People were encouraged to care for themselves where possible. Staff treated people with dignity and respect.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. There were sufficient numbers of staff on duty in order to meet the needs of people using the service.

Training records were up to date and staff received supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home. Bathrooms and toilets were appropriately signed and walls were decorated to provide people with visual stimulation. Corridors were clear from obstructions, well-lit and handrails were painted a bright colour, different to the walls, which helped to aid people's orientation around the home.

The provider was working within the principles of the Mental Capacity Act 2005.

People were protected against the risks associated with the unsafe use and management of medicines.

People had access to food and drink throughout the day and we saw staff supporting people at meal times when required.

People who used the service had access to a range of activities in the home and in the local community.

Staff used a range of assessment tools and recorded how care was to be delivered. However we found care

records were not always up to date, regularly reviewed or reflective of people's needs.

People had access to healthcare services and received ongoing healthcare support.

The provider had a complaints policy and procedure in place and complaints were fully investigated.

The provider had audits in place to measure the quality of the service however the audits were not used effectively and had failed to identify the deficits we found in the service.

During our inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staff had completed training in safeguarding of vulnerable adults and knew the different types of abuse and how to report concerns. Thorough investigations had been carried out in response to safeguarding incidents or allegations.

The provider had procedures in place for managing the maintenance of the premises.

Is the service effective?

Good ●

The service was effective.

The provider was working within the principles of the Mental Capacity Act 2005.

Staff were properly supported to provide care to people who used the service through a range of mandatory and specialised training and supervision and appraisal.

People had access to food and drink throughout the day and we saw staff supporting people to eat and drink when required.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and

took an interest in people and their relatives to provide individual personal care.

People were supported to attend religious services inside and outside of the home and planned religious services were displayed in the service's newsletter.

People were provided with information about the service in the 'statement of purpose' and in a 'service user guide'.

Is the service responsive?

The service was not always responsive.

Care records were not always up to date, regularly reviewed or reflective of people's needs.

People who used the service had access to a range of activities in the home and in the local community.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The provider had audits in place to measure the quality of the service however the audits were not used effectively and had failed to identify the deficits we found in the service.

Staff we spoke with told us they felt able to approach the manager and felt safe to report concerns.

Records were maintained and used in accordance with the Data Protection Act. The provider had policies and procedures in place that provided staff with guidance and instructions.

Requires Improvement ●

Craigarran Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 September 2017 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector, a specialist adviser in nursing and an expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law.

We contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff. No concerns were raised by any of these professionals.

During our inspection we spoke with eight people who used the service and five relatives. We spoke with the registered manager, the provider, a nurse, three care staff, the administrator and a kitchen assistant.

We looked at the personal care or treatment records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as audits, surveys and policies.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe. A relative told us, "If my wife needs the toilet we press the buzzer and the nurses are here within two minutes."

The registered manager told us that the levels of staff provided were based on the dependency needs of residents and any staff absences were covered by existing home staff. There was a nurse, a senior care worker and eight care workers on duty during the day and a nurse and six care workers on duty during the night. Call bells were responded to in a timely manner. People we spoke with told us they felt there were enough staff to support them safely. A relative told us, "If my mum needs to go to the toilet, carers respond straight away." Another relative told us, "I go and ask the nurses if they can take mum to the toilet and they come to her room straight away." A member of staff told us, "There are enough staff on duty and we have a floater." We observed sufficient numbers of staff on duty to meet people's needs.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. We looked at the provider's selection and recruitment policy and the recruitment records for four members of staff. Appropriate checks had been undertaken before staff began working at the home. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Each record contained a staff photograph and proof of identity was obtained from each member of staff, including passports, birth certificates and utility bills. Application forms were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. We also saw copies of signed code of conduct documents, health assessments for night workers, data protection consent forms and confidentiality statements.

The provider's safeguarding adult's policy provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. We saw that on one occasion the registered manager had not followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. We discussed this with the registered manager and the provider who agreed to address this. Staff had completed training in safeguarding of vulnerable adults. The staff we spoke with knew the different types of abuse and how to report concerns.

Craigarran Care Home is a two storey building, with accommodation for up to six people on the first floor. Entry to the premises was via a locked, key pad controlled door and all visitors were required to sign in. A fire emergency plan was displayed in the reception area which included a plan of the building. A fire risk assessment was in place dated 10 May 2017 and regular fire drills were undertaken. We also saw the checks or tests for firefighting equipment, fire alarms and emergency lighting were all up to date.

Equipment was in place to meet people's needs including hoists, pressure mattresses, shower chairs,

wheelchairs and pressure cushions. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Window restrictors were fitted to the windows of the rooms we looked in and appeared to be in good condition.

Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. We checked maintenance and health and safety records and found all of these to be up to date. These included portable appliance testing (PAT), gas safety, Legionella and electrical installation.

The provider's accident management policy and procedure provided staff with guidance on the reporting of injuries, diseases and dangerous occurrences and the incident notification requirements of CQC. Accidents and incidents were recorded and the registered manager reviewed the information monthly in order to establish if there were any trends.

People had risk assessments in place to keep people safe relating to falls, choking, moving and handling, weight loss and use of bedrails. The service also had health and safety risk assessments in place including for hoists, slings, heatwave and footpaths, which contained detailed information on particular hazards and how to manage risks.

The provider's business continuity plan provided the procedures to be followed in the event of a range of emergencies, alternative evacuation locations and emergency contact details. The service had Personal Emergency Evacuation Plans (PEEPs) in place for people, which included the mobility needs of the person, how many staff were required to assist, whether the person had any mental health issues and details of their next of kin. This meant the provider had arrangements in place for managing the maintenance of the premises and for keeping people safe.

The provider's medicines policy dated 2015 covered all key areas of safe and effective storage, preparation and administration of medicines. Staff were able to explain how the medicines system worked and were knowledgeable about people's medicines. There were clear procedures in place regarding the ordering, supply and reconciliation of medicine. Clear guidance was in place to ensure staff were aware of the circumstances to administer "as necessary" medicine. Medicine audits were up to date and included action plans for any identified issues.

We looked at the medicines administration charts (MAR) for four people and found there were no omissions. Photo identification for each person was in place and allergies were recorded. Medicine administration was observed to be appropriate. Medicines were stored appropriately and the treatment room displayed a good standard of housekeeping. Appropriate arrangements were in place for the management, administration and disposal of controlled drugs (CD), which are medicines which may be at risk of misuse. We saw that temperature checks for treatment rooms and refrigerators were recorded on a daily basis and all were within recommended levels by the British Pharmacological Society. Staff who administered medicines was trained and were required to undertake an annual competence assessment. This meant that the provider stored, administered, managed and disposed of medicines safely.

The en-suite bathrooms, communal bathrooms, shower rooms and toilets were clean and suitable for the people who used the service. The registered provider's infection control provided staff with guidance on the sources, prevention and control of infection. Infection control audits and cleaning schedules were up to date. Staff had completed infection control and hygiene and hand washing training and were observed to wash their hands before and after aspects of personal care. Gloves and aprons were readily available to staff

and were used as necessary. There was an unpleasant odour in the reception area of the home. We discussed this with the registered provider and registered manager who agreed to look into it.

Is the service effective?

Our findings

People who lived at Craigarran Care Home received care and support from trained and supported staff. A member of staff told us, "I love working here, the staff are nice and the residents are lovely. I treat the residents how I would like my mam, dad, grandma and grandad to be treated" and another member of staff said "I like it here staff are nice, have a laugh and a joke with residents and staff."

Staff training records showed that mandatory training was up to date. Mandatory training is training that the provider thinks is necessary to support people safely. Mandatory training included moving and handling, fire safety, health and safety, dementia care, equality and diversity, challenging behaviour and risk assessment. Most staff had also completed either a Level 2 or 3 National Vocational Qualification or a Diploma in Care.

Staff had completed more specialised training in for example, understanding diabetes, stoma care, understanding and preventing hypothermia, dignity in care, catheter care, dysphagia, oral care and mental health awareness. Records showed when training was completed and when renewals were due. Staff told us that training was important to them. Records for the nursing staff showed that all of them held a valid professional registration with the Nursing and Midwifery Council.

Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. This meant that staff were properly supported to provide care to people who used the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We looked at records and discussed DoLS with the registered manager and a nurse, who told us there were DoLS in place and in the process of being applied for. Staff were provided with guidance regarding the Mental Capacity Act 2005, the DoLS procedures and the involvement of Independent Mental Capacity Advocates (IMCAs). Staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

People had mental capacity care plans in place however, we did not find evidence of mental capacity assessments or best interest decision making records for their care and treatment. There was limited evidence that people had been involved in the care planning process although consent was documented in the care plan documents. We discussed this with the registered manager and the provider who agreed to address this.

People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining rooms at meal times when required. People were supported to eat in their own bedrooms if they preferred. We saw a pictorial daily menu displayed at the entrance to the dining room which detailed the meals available throughout the day. We observed staff chatting with people and giving them a choice of food and drink. A person gave 'the thumbs up' sign to the chef and said "The food was lovely, I really enjoyed that." Another person told us, "Food is nice, I can choose what I want to eat". A relative said, "Food is lovely and tasty, they use good ingredients and a local butcher. I sometimes have my food here and it is really nice. They give him pureed food and thickened fluids". Another relative commented, "There are always plenty of snacks and drinks between meals, they even ask me and the family if we want a drink."

Care records demonstrated people's weight and nutrition was closely monitored. One relative told us how they were as "pleased as punch" that their family member had gained weight and expressed their gratitude towards staff for persevering with their family member's nutritional intake. The kitchen assistant told us about people's special dietary needs and preferences. Staff had completed training in food handling/hygiene, nutrition and hydration and focus on undernutrition.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including speech and language therapy, advanced nurse practitioner, GP's and community psychiatric nurses. This meant the service ensured people's wider healthcare needs were being met through partnership working.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home. People's bedroom doors displayed the person's name, a photograph and the room number. Bathrooms and toilets were appropriately signed and walls were decorated to provide people with visual stimulation. For example, walls and lounges were decorated with pictures of famous actors, celebrities and historical events. Corridors were clear from obstructions, well-lit and handrails were painted a bright colour, different to the walls, which helped to aid people's orientation around the home. The registered manager told us about the programme of improvements planned for the service including refurbishing communal bathrooms, installation of security cameras and replacing carpets in corridors.

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the standard of care at Craigarran Care Home. A person told us, "The carers are lovely, really nice" and a relative said, "I am very happy with my wife being in here, she is just in here for respite care but I would be happy for her to stay here if she needs residential care." Another relative told us, "I just want you to know what a lovely place this is. I would recommend this home to anyone."

People were well presented and looked comfortable. Staff interacted with people at every opportunity and were polite and respectful. Staff knocked before entering people's rooms and closed bedroom doors before delivering personal care. Staff knew people's names and spoke with people in a kind and caring manner. A relative told us, "Staff are very kind and caring, they know my mum by name, when I ring or come to visit they always know her whereabouts."

Staff assisted people in wheelchairs and specialist chairs, to access the lounges, bedrooms and dining rooms. Staff assisted people in a calm and gentle manner, ensuring the people were safe and comfortable, often providing reassurance to them. A relative told us, "The carers put mum in her wheelchair with ease and confidence."

We saw people were assisted by staff in a patient and friendly way. A relative told us, "Staff feed my wife and they know what they are doing, they have patience with her." We saw and heard how people had a good rapport with staff. Staff knew how to support people and understood people's individual needs. One person was sat with a member staff and they were both chatting happily and working together to make things with a wooden toolbox.

Bedrooms were individualised, some with people's own furniture and personal possessions. We saw many photographs of relatives and special occasions in people's bedrooms including pictures on the walls drawn by grandchildren.

A member of staff was available at all times throughout the day in most areas of the home. We observed people who used the service received help from staff without delay. We saw staff interacting with people in a caring manner and supporting people to maintain their independence. For example, we observed a member of care staff ask a person if they wanted to walk to the dining room or go in their wheelchair. The person preferred to go in their wheelchair and this was respected by the carer.

We saw how the service respected the cultural and religious needs of people. For example, staff told us that they supported people to attend religious services inside and outside of the home and we saw planned religious services displayed in the service's newsletter.

Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were included in care records and we saw evidence that the person, care staff, relatives and healthcare professionals had been involved in the decision making. End of life care plans were in place for people, as appropriate, and staff had received training in end

of life care. This meant that information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met.

People were provided with information about the service in the 'statement of purpose' and in a 'service user guide' which contained information about staff, privacy and dignity, access to records, facilities and services, meals, social activities, residents meetings, religious needs, fire safety, safeguarding, advocacy and complaints. Copies of the service's newsletter for July and August 2017 were on display in the reception area. They detailed people's birthdays, activities, residents/relative meeting dates, new staff, social gatherings, trips and outings and proposed events. Information about advocacy, health and local services was also prominently displayed in the entrance to the home.

Is the service responsive?

Our findings

The service was not always responsive as care records were not up to date, regularly reviewed or reflective of people's needs.

We discussed care records with the registered manager who told us the service were in the process of introducing electronic care plans. We looked at care records for four people who used the service. A pre-admission assessment was completed to determine whether the service would be able to meet people's needs. People had care plans in place for a range of needs including, personal care, communication, oral health, nutrition, sleep, mobility, falls, pressure care, activities, continence and behaviour.

Staff used a range of assessment and monitoring tools and recorded how care was to be delivered. For example, Malnutrition Universal Screening Tool (MUST), which is a five-step screening tool, were used to identify if people were malnourished or at risk of malnutrition, stool chart, pressure sore assessment, early warning score, dependency assessment and body maps were used where they had been deemed necessary to record physical injury.

Care plans were not easy to navigate and care planning was not reviewed on a regular basis. For example, one person's behavioural care plan was written on 20 September 2016 and had not been updated to reflect the changes in their presentation identified in the behavioural risk assessment completed on 2 January 2017.

We found an application had been sent to the local authority to deprive a person of their liberty in July 2016. There was still no DoLS authorisation in place, despite the person being deprived of their liberty, and no evidence the service had reviewed this.

Care records did not always give clear direction for staff to be able to deliver the appropriate care and support. For example, a person had a pressure damage care plan in place dated 6 September 2016 which stated the 'likelihood of pressure damage is very remote' however in the care records there was a pressure risk assessment tool dated 4 September 2017 which recorded the person was at a high risk of pressure damage. Another person had a sleep pattern care plan in place dated 11 July 2016 that stated the person 'has a sleep routine and is settled' however the daily notes dated 4 September 2017 stated the person 'has nocturnal behaviours and restlessness'.

This was a breach of Regulation 17 [Good Governance] of The Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

The registered manager told us the service had employed a new activity co-ordinator in August 2017 however they were absent at the time of our visit. Regular activities were displayed on a notice board and included dominoes, exercises, bingo, quizzes, singalong, arts and crafts, ladies and gents club, drawing, head/hand massages, jigsaws and play your cards right. We also saw planned activities including a Macmillan coffee morning, a visit to Hardwick Park, a Halloween Party, Guy Fawkes Afternoon and a

Christmas Afternoon with entertainer. Local mini-buses were arranged to transport people for outings, for example to Seaton Carew.

People were encouraged and supported to maintain their relationships with their friends and relatives. There were no restrictions on visiting times.

The provider's complaints policy informed people who to talk to if they had a complaint, how complaints would be responded to and contact details for the local authority, the local government ombudsman and CQC, if the complainant was unhappy with the outcome. Complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. People and their relatives told us they knew who they could go to with any concern or complaint and all felt that they would be listened to and that the concern would be addressed. For example, a relative told us, "I know who to complain to if I had to and I would feel comfortable talking to [manager]". This meant that comments and complaints were listened to and acted on effectively.

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The manager had been registered with CQC since 24 February 2016. A relative told us, "Nothing is too much trouble for her [manager], she is the best manager I have seen. I have seen [Manager] helping patients and getting involved in their care" and another said "She [Manager] is friendly enough." Another relative said, "[Manager] keeps me informed about my husband, she will do anything for you."

The provider had audits in place to measure the quality of the service and to ensure people who used the service received the best care. The provider's audit file included audits of care plan documentation, hand hygiene, mattresses and environment. We also saw evidence of home visits and quality audits completed by the provider. However we found the audits were not used effectively and had failed to identify the deficits we found in the service.

This was a breach of Regulation 17 [Good Governance] of The Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

The home had been awarded a "4 Good" Food Hygiene Rating by the Food Standards Agency on 9 February 2017 and had received a certificate from NHS Durham and Darlington in recognition for focusing on undernutrition dated February 2017.

The registered manager told us the home had an open door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time. Staff we spoke with were clear about their role and responsibility. They told us they were supported in their role and felt able to approach the manager or to report concerns. A member of staff told us, "I have known [Manager] for a long time, I like her, she is easy to talk to and I can always go and talk to her." Another member of staff said, "[Manager] is nice and approachable, she is always visible within the home" and another told us, "I can approach her with any problems I have and they always get resolved."

We looked at the minutes of the residents and relatives meeting held on 7 July 2017. Discussion items included meals and menu choices, new activities co-ordinator from August 2017, complaints and safeguarding. We saw positive responses from the results of the 2016 'service user annual questionnaire'. The questionnaires included questions on catering and food, personal care and support, daily living, premises and management.

Staff meetings were held regularly. We looked at the minutes of a meeting held on 26 July 2017. We found staff were able to discuss any areas of concern they had about the service or the people who used it. Discussion items included care documentation, health and safety, fire safety, safeguarding and sickness monitoring. We also saw positive responses from the 2017 'staff survey'.

A suggestion box was available in the main entrance for people to post comments, complaints or

compliments. This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

The registered manager told us how the home had close links with the local community. For example, children from the local schools attended organised events at the home at Easter, harvest festival and Christmas and priests visited the home from local churches for monthly hymns/prayers and Sunday holy communion.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. The registered manager told us, "Policies are regularly discussed during staff supervisions and staff meetings to ensure staff understand and apply them in practice." The staff we spoke with and the records we saw supported this.

Records were maintained and used in accordance with the Data Protection Act.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17(2)(c) Care records were not always up to date, regularly reviewed or reflective of people's needs.